

NEW SECTION

WAC 246-491-001 Purpose. RCW 70.58.055 requires certificates for vital records to include, at a minimum, items recommended by the federal agency responsible for national vital statistics. RCW 70.58.055 allows the state board of health to require additional information for the confidential section of the birth certificate, and eliminate items from the federal forms that it identifies as not necessary for statistical study.

RCW 43.70.150 requires the secretary of the department of health to operate and maintain a state system for registering births, deaths, fetal deaths, marriages, divorce decrees, annulments and separations. RCW 43.70.160 requires the state registrar to prepare, print and supply the forms for registering, recording, and preserving vital statistics. These rules identify the forms used and information collected by the state on live birth, death, fetal death, marriage, divorce, dissolution of marriage and annulment.

NEW SECTION

WAC 246-491-010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise:

- (1) "Board" means the state board of health.
- (2) "Department" means the department of health.

AMENDATORY SECTION (Amending Order 196B, filed 9/26/91, effective 10/27/91)

WAC 246-491-029 ((~~Adeoption of~~)) Information collected on the confidential section of live birth and fetal death certificates; modifications to the United States standard certificates and report((--~~Modifications~~)) forms. ((Pursuant to chapter 70.58 RCW, the Washington state board of health adopts and approves for use in the state of Washington,)) (1) Effective January 1, ((1992)) 2003, the department shall use the ((1988)) 2003 revisions of the United States standard forms of live birth and fetal death as the basis for the state certificates of live birth and fetal death. These forms are developed by the United States Department of Health and Human Services, National Center for Health Statistics. ((The board of health shall make the following modifications to the confidential section of the U.S. standard certificate of live birth and U.S. standard report of fetal death:))

(2) Copies of these forms may be obtained by contacting the department's center for vital statistics.

(3) Tables 1 and 2 list the statistical information contained in the confidential sections of the birth and fetal death certificates that the board requires the department to collect, and the differences between the state and U.S. standard.

((U.S. STANDARD CERTIFICATE OF LIVE BIRTH

Add "Spanish" to "of Hispanic origin."

Add "or descent? (ancestry)" to "of Hispanic origin."

Add "Asian or Pacific Islander" to "race."

Add "occupation" and "type of business or industry" for both parents.

Add "parental identification of ethnicity and race of child."

Add "twenty weeks or more, less than twenty weeks" to "pregnancy history."

Add separate categories for "spontaneous" and "induced" terminations to "pregnancy history."

Add "total prior pregnancies."

Add under the heading "medical risk factors for this pregnancy," "polyhydramnios, genital herpes, syphilis, hepatitis B HB_sAg positive."

Add under the heading "method of delivery," "C-section with no labor, C-section with trial of labor."

Add under the heading "abnormal conditions of the newborn," drug withdrawal syndrome in newborn.

Delete under 38a "hydramnios."

Delete under item 37b "name of facility infant transferred to."

Add under the heading "other risk factors for pregnancy," "weight before pregnancy."

Add under the heading "complication of labor and/or delivery," "nuchal cord."

Change "tobacco use during pregnancy" to "did mother smoke at any time during pregnancy"?

Add "principal source of payment for prenatal care."

Add "during pregnancy mother participated in (special programs).")

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

TABLE 1:
Confidential Birth Certificate Items

| <u>Item Number</u> | <u>Item Name</u> | <u>Difference from U.S. Standard, if any</u> |
|--------------------|--|---|
| 15 | <u>Is mother married to the father?</u> <u>If no, was mother married to anyone during the pregnancy?</u> <u>Has the paternity affidavit been signed?</u> | <u>Added</u> |
| 20 | <u>Mother's education</u> | <u>Add "Specify": next to box for "8th Grade or less"</u> |
| 21 | <u>Mother of Hispanic origin?</u> | |
| 22 | <u>Mother's race</u> | |

| | | |
|------------|--|--|
| <u>23</u> | <u>Mother's occupation</u> | <u>Added</u> |
| <u>24</u> | <u>Mother's kind of business/industry</u> | <u>Added</u> |
| <u>29</u> | <u>Father's education</u> | Add "Specify": <u>next to box for "8th Grade or less"</u> |
| <u>30</u> | <u>Father of Hispanic origin?</u> | |
| <u>31</u> | <u>Father's race</u> | |
| <u>32</u> | <u>Father's occupation</u> | <u>Added</u> |
| <u>33</u> | <u>Father's kind of business/industry</u> | <u>Added</u> |
| <u>34</u> | <u>Mother's medical record number</u> | |
| <u>35</u> | <u>Mother's prepregnancy weight</u> | |
| <u>36</u> | <u>Mother's weight at delivery</u> | |
| <u>37</u> | <u>Mother's height</u> | |
| <u>38</u> | <u>Did mother get WIC food for herself during pregnancy?</u> | |
| <u>39</u> | <u>Cigarette smoking before and during pregnancy</u> | |
| <u>40a</u> | <u>Number of previous live births</u> | |
| <u>40b</u> | <u>Date of last live birth</u> | |
| <u>41a</u> | <u>Number of other pregnancy outcomes</u> | |
| <u>41b</u> | <u>Date of last other pregnancy outcome</u> | |
| <u>42a</u> | <u>Date of first prenatal care visit</u> | |
| <u>42b</u> | <u>Date of last prenatal care visit</u> | |
| <u>43</u> | <u>Total number of prenatal visits for this pregnancy</u> | |
| <u>44</u> | <u>Date last normal menses began</u> | |
| <u>45</u> | <u>Was mother transferred to higher-level care for maternal medical or fetal indications for delivery?</u> | |
| <u>46</u> | <u>Principal source of payment for this delivery</u> | Add "Indian Health" and "CHAMPUS" |
| <u>47</u> | <u>Newborn medical record number</u> | |
| <u>48</u> | <u>Birth weight</u> | |
| <u>49</u> | <u>Infant head circumference</u> | <u>Added</u> |

| | | |
|-----------|---|---|
| <u>50</u> | <u>Obstetric estimate of gestation</u> | |
| <u>51</u> | <u>Apgar score at 5 min; if score is less than 6, score at 10 minutes</u> | |
| <u>52</u> | <u>Plurality</u> | |
| <u>53</u> | <u>If not single birth - born 1st, 2nd, 3rd etc.</u> | |
| <u>54</u> | <u>Was infant transferred within 24 hours of delivery?</u> | |
| <u>55</u> | <u>Is infant living at time of the report?</u> | |
| <u>56</u> | <u>Is infant being breastfed?</u> | |
| <u>57</u> | <u>Risk factors in this pregnancy</u> | <u>Add "Group B streptococcus culture positive"</u> |
| <u>58</u> | <u>Method of delivery</u> | |
| <u>59</u> | <u>Infections present and/or treated during this pregnancy</u> | <u>Add "HIV infection" and "Other: Specify"</u> |
| <u>60</u> | <u>Obstetric procedures</u> | |
| <u>61</u> | <u>Abnormal conditions of the newborn</u> | |
| <u>62</u> | <u>Characteristics of labor and delivery</u> | |
| <u>63</u> | <u>Congenital anomalies of the newborn</u> | |
| <u>64</u> | <u>Maternal morbidity</u> | |
| <u>65</u> | <u>Onset of labor</u> | |

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~~Add "or descent? (ancestry)" to "of Hispanic origin."~~

~~Add "Spanish" to "of Hispanic origin."~~

~~Add "Asian or Pacific Islander" to "race."~~

~~Add "twenty weeks or more, less than twenty weeks" to "other pregnancy outcomes."~~

~~Add under the heading "medical risk factors for this pregnancy" "polyhydramnios, first trimester bleeding, epilepsy, genital herpes, syphilis."~~

~~Add separate categories for "spontaneous" and "induced" terminations to "pregnancy history."~~

~~Add "total prior pregnancies."~~

~~Add "fetal hemorrhage, placenta and cord conditions (specify), hemolytic disease, fetal hydrops, shoulder dystocia, other (specify), and none."~~

~~Add "C section with no labor" and "C section with trial of labor."~~

~~Add under the heading "other risk factors for pregnancy," "weight before pregnancy."~~

~~Change "tobacco use during pregnancy" to "did mother smoke at any time during pregnancy"?~~

~~Add "principal source of payment for prenatal care."~~

~~Add "during pregnancy mother participated in (special programs)."~~

~~Delete under item 23a "hydramnios and uterine bleeding."~~

~~Delete under item 26 "hysterotomy/hysterectomy.")~~

U.S. STANDARD REPORT OF FETAL DEATH

TABLE 2:
Confidential Fetal Death Certificate Items

| <u>Item Number</u> | <u>Item Name</u> | <u>Difference from U.S. Standard, if any</u> |
|--------------------|--|---|
| <u>38</u> | <u>Weight of fetus</u> | |
| <u>39</u> | <u>Obstetric estimate of gestation</u> | |
| <u>40</u> | <u>Plurality</u> | |
| <u>41</u> | <u>If not single birth - born 1st, 2nd, 3rd etc.</u> | |
| <u>42</u> | <u>Mother's education</u> | <u>Add "Specify": next to box for "8th Grade or less"</u> |
| <u>43</u> | <u>Mother of Hispanic origin?</u> | |
| <u>44</u> | <u>Mother's race</u> | |
| <u>45</u> | <u>Mother's occupation</u> | <u>Added</u> |
| <u>46</u> | <u>Mother's kind of business/industry</u> | <u>Added</u> |
| <u>47</u> | <u>Mother married?</u> | |
| <u>48</u> | <u>Mother's height</u> | |
| <u>49</u> | <u>Did mother get WIC food for herself during pregnancy?</u> | |
| <u>50</u> | <u>Mother's prepregnancy weight</u> | |
| <u>51</u> | <u>Mother's weight at delivery</u> | |
| <u>52</u> | <u>Date last normal menses began</u> | |
| <u>53</u> | <u>Date of first prenatal care visit</u> | |
| <u>54</u> | <u>Date of last prenatal care visit</u> | |
| <u>55</u> | <u>Total number of prenatal visits for this pregnancy</u> | |
| <u>56a</u> | <u>Number of previous live births</u> | |

| | | |
|------------|--|---|
| <u>56b</u> | <u>Date of last live birth</u> | |
| <u>57a</u> | <u>Number of other pregnancy outcomes</u> | |
| <u>57b</u> | <u>Date of last other pregnancy outcome</u> | |
| <u>58</u> | <u>Cigarette smoking before and during pregnancy</u> | |
| <u>59</u> | <u>Was mother transferred to higher-level care for maternal medical or fetal indications for delivery?</u> | |
| <u>60</u> | <u>Father's education</u> | <u>Added</u> |
| <u>61</u> | <u>Father of Hispanic origin?</u> | <u>Added</u> |
| <u>62</u> | <u>Father's race</u> | <u>Added</u> |
| <u>63</u> | <u>Father's occupation</u> | <u>Added</u> |
| <u>64</u> | <u>Father's kind of business/industry</u> | <u>Added</u> |
| <u>65</u> | <u>Risk factors in this pregnancy</u> | |
| <u>66</u> | <u>Method of delivery</u> | |
| <u>67</u> | <u>Congenital anomalies of the fetus</u> | |
| <u>68</u> | <u>Maternal morbidity</u> | |
| <u>69</u> | <u>Infections present and/or treated during this pregnancy</u> | <u>Add "HIV infection" and "Other: Specify"</u> |

AMENDATORY SECTION (Amending Order 196B, filed 9/26/91, effective 10/27/91)

WAC 246-491-039 Confidential information on state of Washington live birth and fetal death certificates ((~~pursuant to~~)) under chapter 70.58 RCW. The confidential sections of the certificate of live birth and the certificate of fetal death ((~~shall~~)) are not ((~~be~~)) subject to public inspection and ((~~shall~~)) may not be included on certified copies of the record except upon order of a court.

AMENDATORY SECTION (Amending Order 211, filed 11/12/91, effective 12/13/91)

WAC 246-491-149 ((Adoption of)) Information collected on the legal or public section of certificates; modifications to the United States standard certificates and report((--Modifications pursuant to RCW 43.70.150)) forms.

~~((The department adopts and approves for use in the state of Washington,))~~

(1) Effective January 1, ((1992)) 2003, the department shall use the ((1988)) 2003 revisions of the United States standard forms for live birth((, death,)) and fetal death((, marriage, and dissolution)).

(2) Effective January 1, 2004, the department shall use the 2003 standard form for death.

(3) Effective January 1, 1992, the department shall use the 1988 revisions of the United States standard forms for marriage and dissolution.

(4) These forms are developed by the United States Department of Health and Human Services, National Center for Health Statistics. Copies of these forms may be obtained by contacting the department's center for vital statistics.

(5) With the exception of the confidential section, the department may modify any part of these forms ((and shall make the following modifications:)). Tables 3, 4, and 5 identify the modifications to the United States standard forms for live birth, fetal death, and death. Tables 6 and 7 identify modifications to the United States standard form for marriage, and certificate of divorce, dissolution of marriage, or annulment.

~~((U.S. STANDARD CERTIFICATE OF LIVE BIRTH.~~

~~Add "mother's request to issue Social Security number (allow up to six months)."~~

~~Add "record amendment."~~

~~Add "how long at current residence"?~~

~~U.S. STANDARD CERTIFICATE OF DEATH.~~

~~Under "place of death" add "in transport," "hospital."~~

~~Add "smoking in last fifteen years."~~

~~Add "or descent" after "of Hispanic origin."~~

~~Add "length of residence."~~

~~Add "date of disposition."~~

~~Add "medical examiner/coroner file number."~~

~~Add "hour pronounced dead (24 hours)."~~

~~Add "record amended section."~~

~~Delete "license number (funeral director)" under item 21b.~~

~~Delete "license number (certifier)" under item 23b.~~

~~Delete "were autopsy findings available prior to completion of cause of death yes/no" under item 28b.~~

~~Delete check boxes under item 20a.~~

~~Delete "donation" under item 20a.~~

~~Delete check boxes under item 31a.~~

~~Delete item 32.~~

~~Delete "inpatient" under item 9a.~~

~~Delete check boxes under item 29.~~

~~Delete "natural" under item 29.~~

~~U.S. STANDARD REPORT OF FETAL DEATH.~~

~~Add "fetus name."~~

~~Add "time of delivery."~~

~~Add "place of delivery."~~

~~Add "state of birth."~~

~~Add "registrar signature."~~

~~Add "date filed."~~

~~Add "burial, cremation, removal, other (specify)."~~

~~Add "date (burial)."~~

~~Add "cemetery/crematory name."~~

~~Add "location (cemetery)."~~

~~Add "funeral director signature."~~

~~Add "name of facility."~~

~~Add "address of facility."~~

~~Add "autopsy yes/no."~~

~~Add "were autopsy findings used to complete the
cause of death"?~~

~~Add "certification statement."~~

~~Change title to "certificate of fetal death."~~

~~U.S. STANDARD LICENSE AND CERTIFICATE OF MARRIAGE.~~

~~Change title to "certificate of marriage."~~

~~Add "type of ceremony (religious/civil ceremony)."~~

~~Add "officiant date signed."~~

~~Add "inside of city limits for bride and groom."~~

~~Delete "age last birthday" for the groom under item 2.~~

~~Delete "age last birthday" for the bride under item 9.~~

~~Delete "license to marry" section.~~

~~Delete "expiration date of license" under item 17.~~

Delete "title of issuing official" under item 20.

Delete "confidential information" under items 27 through 30b.

U.S. STANDARD CERTIFICATE OF DIVORCE, DISSOLUTION OF MARRIAGE, OR ANNULMENT.

Change title to "certificate of dissolution, declaration of invalidity of marriage or legal separation."

Add check boxes for "type of decree."

Add "inside city limits" for both parties.

Delete "date couple last resided in same household" under item 11.

Change "number of children under eighteen in this household as of this date" to "number of children born alive of this marriage" under item 12.

Delete check boxes for "petitioner" under item 13.

Delete section "number of children under eighteen whose physical custody was awarded to" under item 18.

Delete "title of court" under item 20.

Delete "title of certifying official" under item 22.

Delete "date signed" under item 23.

Delete "confidential information" under items 24 through 27b.))

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

| Table 3: Legal or Public Birth Certificate Items | | |
|---|--|---|
| <u>Item</u> <u>Number</u> | <u>Item Name</u> | <u>Difference from</u> <u>U.S. Standard,</u> <u>if any</u> |
| <u>1</u> | <u>Child's name</u> | |
| <u>2</u> | <u>Child's date of birth</u> | |
| <u>3</u> | <u>Time of birth</u> | |
| <u>4</u> | <u>Type of birthplace</u> | <u>Add "En route"</u> |
| <u>5</u> | <u>Child's sex</u> | |
| <u>6</u> | <u>Name of facility</u> | |
| <u>7</u> | <u>City, town or location</u> <u>of birth</u> | |
| <u>8</u> | <u>County of birth</u> | |
| <u>9</u> | <u>Mother's name before</u> <u>first marriage</u> | |
| <u>10</u> | <u>Mother's date of birth</u> | |
| <u>11</u> | <u>Mother's birthplace</u> | |
| <u>12</u> | <u>Mother's Social</u> <u>Security number</u> | |

| | | |
|------------|--|---------------------------|
| <u>13</u> | <u>Mother's current legal last name</u> | |
| <u>14</u> | <u>Social Security number requested for child?</u> | |
| <u>16a</u> | <u>Mother's residence - number, street, and Apt. No.</u> | |
| <u>16b</u> | <u>Mother's residence - city or town</u> | |
| <u>16c</u> | <u>Mother's residence - county</u> | |
| <u>16d</u> | <u>Tribal reservation name (if applicable)</u> | <u>Added</u> |
| <u>16e</u> | <u>Mother's residence - state or foreign country</u> | |
| <u>16f</u> | <u>Mother's residence - zip code + 4</u> | |
| <u>16g</u> | <u>Mother's residence - inside city limits?</u> | |
| <u>17</u> | <u>Telephone number</u> | <u>Added</u> |
| <u>18</u> | <u>How long at current residence?</u> | <u>Added</u> |
| <u>19</u> | <u>Mother's mailing address, if different</u> | |
| <u>25</u> | <u>Father's current legal name</u> | |
| <u>26</u> | <u>Father's date of birth</u> | |
| <u>27</u> | <u>Father's birthplace</u> | |
| <u>28</u> | <u>Father's Social Security number</u> | |
| <u>66</u> | <u>Certifier name and title</u> | <u>Delete check boxes</u> |
| <u>67</u> | <u>Date certified</u> | |
| <u>68</u> | <u>Attendant name and title</u> | <u>Delete check boxes</u> |
| <u>69</u> | <u>NPI of person delivering the baby</u> | |
| <u>---</u> | <u>Date filed by registrar</u> | <u>Deleted</u> |

U.S. STANDARD REPORT OF FETAL DEATH

Table 4:

Legal or Public Fetal Death Certificate Items

| <u>Item Number</u> | <u>Item Name</u> | <u>Difference from U.S. Standard, if any</u> |
|---------------------------|---------------------------|---|
| <u>1</u> | <u>Name of fetus</u> | |
| <u>2</u> | <u>Sex</u> | |
| <u>3</u> | <u>Date of delivery</u> | |
| <u>4</u> | <u>Time of delivery</u> | |
| <u>5</u> | <u>Type of birthplace</u> | <u>Add "En route"</u> |

| | | |
|------------|--|---------------------------|
| <u>6</u> | <u>Name of facility</u> | |
| <u>7</u> | <u>Facility ID (NPI)</u> | |
| <u>8</u> | <u>City, town or location of birth</u> | |
| <u>9</u> | <u>Zip code of delivery</u> | |
| <u>10</u> | <u>County of birth</u> | |
| <u>11</u> | <u>Mother's name before first marriage</u> | |
| <u>12</u> | <u>Mother's date of birth</u> | |
| <u>13</u> | <u>Mother's current legal last name</u> | |
| <u>14</u> | <u>Mother's birthplace</u> | |
| <u>15a</u> | <u>Mother's residence - number, street, and Apt. No.</u> | |
| <u>15b</u> | <u>Mother's residence - city or town</u> | |
| <u>15c</u> | <u>Mother's residence - county</u> | |
| <u>15d</u> | <u>Tribal reservation name (if applicable)</u> | <u>Added</u> |
| <u>15e</u> | <u>Mother's residence - state or foreign country</u> | |
| <u>15f</u> | <u>Mother's residence - zip code + 4</u> | |
| <u>15g</u> | <u>Mother's residence - inside city limits?</u> | |
| <u>16</u> | <u>How long at current residence?</u> | <u>Added</u> |
| <u>17</u> | <u>Father's current legal name</u> | |
| <u>18</u> | <u>Father's date of birth</u> | |
| <u>19</u> | <u>Father's birthplace</u> | |
| <u>20</u> | <u>Name and title of person completing the report</u> | |
| <u>21</u> | <u>Date report completed</u> | |
| <u>22</u> | <u>Attendant name and title</u> | <u>Delete check boxes</u> |
| <u>23</u> | <u>NPI of person delivering the baby</u> | |
| <u>24</u> | <u>Method of disposition</u> | |
| <u>25</u> | <u>Date of disposition</u> | |
| <u>26</u> | <u>Place of disposition</u> | <u>Added</u> |
| <u>27</u> | <u>Location of disposition - city/town and state</u> | <u>Added</u> |
| <u>28</u> | <u>Name and complete address of funeral facility</u> | <u>Added</u> |

| | | |
|-----------|---|--------------|
| <u>29</u> | <u>Funeral director signature</u> | <u>Added</u> |
| <u>30</u> | <u>Initiating cause/condition (cause of death)</u> | |
| <u>31</u> | <u>Other significant causes or conditions</u> | |
| <u>32</u> | <u>Estimated time of fetal death</u> | |
| <u>33</u> | <u>Was an autopsy performed?</u> | |
| <u>34</u> | <u>Was a histological placental examination performed?</u> | |
| <u>35</u> | <u>Were autopsy or histological placental examination results used in determining the cause of death?</u> | |
| <u>36</u> | <u>Registrar signature</u> | <u>Added</u> |
| <u>37</u> | <u>Date received</u> | |

U.S. STANDARD CERTIFICATE OF DEATH

Table 5:
Death Certificate Items

| <u>Item Number</u> | <u>Item Name</u> | <u>Difference from U.S. Standard, if any</u> |
|---------------------------|---|---|
| <u>1</u> | <u>Legal name (include a.k.a.'s if any)</u> | |
| <u>2</u> | <u>Death date</u> | |
| <u>3</u> | <u>Sex</u> | |
| <u>4a</u> | <u>Age - years</u> | |
| <u>4b</u> | <u>Age - under 1 year</u> | |
| <u>4c</u> | <u>Age - under 1 day</u> | |
| <u>5</u> | <u>Social Security number</u> | |
| <u>6</u> | <u>County of death</u> | |
| <u>7</u> | <u>Birth date</u> | |
| <u>8a</u> | <u>Birth place - city, town or county</u> | |
| <u>8b</u> | <u>Birth place - state or foreign country</u> | |
| <u>9</u> | <u>Decedent's education</u> | <u>Add "Specify": next to box for "8th Grade or less"</u> |
| <u>10</u> | <u>Decedent's Hispanic origin</u> | |
| <u>11</u> | <u>Decedent's race</u> | |

| | | |
|------------|--|--------------|
| <u>12</u> | <u>Was decedent ever in U.S. Armed Forces?</u> | |
| <u>13a</u> | <u>Residence - number and street</u> | |
| <u>13b</u> | <u>Residence - city or town</u> | |
| <u>13c</u> | <u>Residence - county</u> | |
| <u>13d</u> | <u>Tribal reservation name (if applicable)</u> | <u>Added</u> |
| <u>13e</u> | <u>Residence - state or foreign country</u> | |
| <u>13f</u> | <u>Residence - zip code</u> | |
| <u>13g</u> | <u>Inside city limits?</u> | |
| <u>14</u> | <u>Estimated length of time at residence</u> | <u>Added</u> |
| <u>15</u> | <u>Marital status at time of death</u> | |
| <u>16</u> | <u>Surviving spouse's name</u> | |
| <u>17</u> | <u>Occupation</u> | |
| <u>18</u> | <u>Kind of business/industry</u> | |
| <u>19</u> | <u>Father's name</u> | |
| <u>20</u> | <u>Mother's name before first marriage</u> | |
| <u>21</u> | <u>Informant - name</u> | |
| <u>22</u> | <u>Informant - relationship to decedent</u> | |
| <u>23</u> | <u>Informant - address</u> | |
| <u>24</u> | <u>Place of death</u> | |
| <u>25</u> | <u>Facility name (if not a facility, give number and street)</u> | |
| <u>26a</u> | <u>City, town, or location of death</u> | |
| <u>26b</u> | <u>State of death</u> | |
| <u>27</u> | <u>Zip code of death</u> | |
| <u>28</u> | <u>Method of disposition</u> | |
| <u>29</u> | <u>Place of disposition (name of cemetery, crematory, other place)</u> | |
| <u>30</u> | <u>Disposition - city/town, and state</u> | |
| <u>31</u> | <u>Name and complete address of funeral facility</u> | |
| <u>32</u> | <u>Date of disposition</u> | <u>Added</u> |
| <u>33</u> | <u>Funeral director signature</u> | |

| | | |
|------------|--|---------------------|
| <u>34</u> | <u>Causes of death and intervals between onset and death</u> | |
| <u>35</u> | <u>Other significant conditions contributing to death</u> | |
| <u>36</u> | <u>Autopsy?</u> | |
| <u>37</u> | <u>Were autopsy findings available to complete the cause of death?</u> | |
| <u>38</u> | <u>Manner of death</u> | |
| <u>39</u> | <u>Pregnancy status</u> | |
| <u>40</u> | <u>Did tobacco use contribute to death?</u> | |
| <u>41</u> | <u>Date of injury</u> | |
| <u>42</u> | <u>Hour of injury</u> | |
| <u>43</u> | <u>Place of injury</u> | |
| <u>44</u> | <u>Injury at work?</u> | |
| <u>45</u> | <u>Injury location - street, city, county, state, zip</u> | <u>County Added</u> |
| <u>46</u> | <u>Describe how injury occurred</u> | |
| <u>47</u> | <u>Transport injury type</u> | |
| <u>48a</u> | <u>Certifying physician signature</u> | |
| <u>48b</u> | <u>Medical examiner/coroner signature</u> | |
| <u>49</u> | <u>Name and address of certifier</u> | |
| <u>50</u> | <u>Hour of death</u> | |
| <u>51</u> | <u>Name and title of attending physician if other than certifier</u> | <u>Added</u> |
| <u>52</u> | <u>Date certified</u> | |
| <u>53</u> | <u>Title of certifier</u> | |
| <u>54</u> | <u>License number of certifier</u> | |
| <u>55</u> | <u>ME/coroner file number</u> | <u>Added</u> |
| <u>56</u> | <u>Was case referred to medical examiner?</u> | |
| <u>57</u> | <u>County registrar signature</u> | <u>Added</u> |
| <u>58</u> | <u>County date received</u> | <u>Added</u> |
| <u>59</u> | <u>Record amendment</u> | <u>Added</u> |
| <u>--</u> | <u>License number of funeral director</u> | <u>Deleted</u> |

| | | |
|----|---|----------------|
| -- | <u>Date pronounced dead</u> | <u>Deleted</u> |
| -- | <u>Time pronounced dead</u> | <u>Deleted</u> |
| -- | <u>Signature of person pronouncing death</u> | <u>Deleted</u> |
| -- | <u>License number of person pronouncing death</u> | <u>Deleted</u> |
| -- | <u>Date person pronouncing death signed</u> | <u>Deleted</u> |

U.S. STANDARD LICENSE AND CERTIFICATE OF MARRIAGE

Table 6:
Certificate of Marriage

| <u>Item Number</u> | <u>Item Name</u> | <u>Difference from U.S. Standard, if any</u> |
|--------------------|--|--|
| -- | <u>Certificate name</u> | <u>Changed name of form to "Certificate of Marriage"</u> |
| -- | <u>County of license</u> | |
| -- | <u>Date valid</u> | |
| -- | <u>Not valid after (date)</u> | |
| <u>1</u> | <u>Date of marriage</u> | |
| <u>2</u> | <u>County of ceremony</u> | |
| <u>3</u> | <u>Type of ceremony</u> | <u>Added</u> |
| <u>4</u> | <u>Date signed (by officiant)</u> | <u>Added</u> |
| <u>5</u> | <u>Officiant's name</u> | |
| <u>6</u> | <u>Officiant's signature</u> | |
| <u>7</u> | <u>Officiant's address</u> | |
| <u>8</u> | <u>Groom's name</u> | |
| <u>9</u> | <u>Groom's address (street)</u> | |
| <u>10</u> | <u>Groom's date of birth</u> | |
| <u>11</u> | <u>Groom's place of birth (state or country)</u> | |
| <u>12</u> | <u>Groom's address (city)</u> | |
| <u>13</u> | <u>Groom's address (inside city limits)</u> | <u>Added</u> |
| <u>14</u> | <u>Groom's address (county)</u> | |
| <u>15</u> | <u>Groom's address (state)</u> | |
| <u>16</u> | <u>Groom's father - name</u> | |

| | | |
|---------------------|--|---------------------------------------|
| <u>17</u> | <u>Groom's father - place of birth</u> | |
| <u>18</u> | <u>Groom's mother - maiden name</u> | |
| <u>19</u> | <u>Groom's mother - place of birth</u> | |
| <u>20</u> | <u>Groom's signature</u> | |
| <u>21</u> | <u>Date signed (by groom)</u> | |
| <u>22</u> | <u>Bride's name</u> | |
| <u>23</u> | <u>Bride's maiden last name</u> | |
| <u>24</u> | <u>Bride's residence - (street)</u> | |
| <u>25</u> | <u>Bride's date of birth</u> | |
| <u>26</u> | <u>Bride's place of birth (state or country)</u> | |
| <u>27</u> | <u>Bride's residence (city)</u> | |
| <u>28</u> | <u>Bride's residence (inside city limits)</u> | <u>Added</u> |
| <u>29</u> | <u>Bride's residence (county)</u> | |
| <u>30</u> | <u>Bride's residence (state)</u> | |
| <u>31</u> | <u>Bride's father - name</u> | |
| <u>32</u> | <u>Bride's father - place of birth</u> | |
| <u>33</u> | <u>Bride's mother - maiden name</u> | |
| <u>34</u> | <u>Bride's mother - place of birth</u> | |
| <u>35</u> | <u>Bride's signature</u> | |
| <u>36</u> | <u>Date signed (by bride)</u> | |
| <u>37</u> | <u>Witness #1 signature</u> | |
| <u>38</u> | <u>Witness #2 signature</u> | |
| <u>39</u> | <u>County auditor signature</u> | |
| <u>40</u> | <u>Date received (by county auditor)</u> | |
| <u>Reverse side</u> | | <u>Groom's Social Security number</u> |
| <u>Reverse side</u> | | <u>Bride's Social Security number</u> |
| | <u>Groom's age last birthday</u> | <u>Deleted</u> |
| | <u>Bride's age last birthday</u> | <u>Deleted</u> |
| | <u>License to marry section</u> | <u>Deleted</u> |
| | <u>Expiration date of license</u> | <u>Deleted</u> |
| | <u>Title of issuing official</u> | <u>Deleted</u> |

U.S. STANDARD CERTIFICATE OF DIVORCE, DISSOLUTION
OF MARRIAGE, OR ANNULMENT

TABLE 7:
**Certification of Dissolution, Declaration of Invalidity
of Marriage, or Legal Separation**

| <u>Item Number</u> | <u>Item Name</u> | <u>Difference from U.S. Standard, if any</u> |
|------------------------|---|---|
| | <u>Certificate name</u> | <u>Changed form name to certificate of dissolution, declaration of invalidity of marriage or legal separation</u> |
| | <u>Court file number</u> | |
| <u>1</u> | <u>Type of decree</u> | <u>Added check boxes</u> |
| <u>2</u> | <u>Date of filing</u> | |
| <u>3</u> | <u>County where decree filed</u> | |
| <u>4</u> | <u>Signature of superior court clerk</u> | |
| <u>5</u> | <u>Husband's name</u> | |
| <u>6</u> | <u>Husband's date of birth</u> | |
| <u>7</u> | <u>Husband's place of birth</u> | |
| <u>8</u> | <u>Husband's residence - street</u> | |
| <u>9</u> | <u>Husband's residence - city</u> | |
| <u>10</u> | <u>Husband's residence - inside city limits</u> | <u>Added</u> |
| <u>11</u> | <u>Husband's residence - county</u> | |
| <u>12</u> | <u>Husband's residence - state</u> | |
| <u>13</u> | <u>Wife's name</u> | |
| <u>14</u> | <u>Wife's maiden name</u> | |
| <u>15</u> | <u>Wife's date of birth</u> | |
| <u>16</u> | <u>Wife's place of birth</u> | |
| <u>17</u> | <u>Wife's residence - street</u> | |
| <u>18</u> | <u>Wife's residence - city</u> | |
| <u>19</u> | <u>Wife's residence - inside city limits</u> | <u>Added</u> |
| <u>20</u> | <u>Wife's residence - county</u> | |

| | | |
|-----------|--|-------------------------------------|
| <u>21</u> | <u>Wife's residence - state</u> | |
| <u>22</u> | <u>Place of marriage -</u> <u>county</u> | |
| <u>23</u> | <u>Place of marriage - state</u> | |
| <u>24</u> | <u>Date of marriage</u> | |
| <u>25</u> | <u>Number of children of</u> <u>this marriage</u> | <u>Name change</u> |
| <u>26</u> | <u>Petitioner</u> | <u>Delete check</u> <u>boxes</u> |
| <u>27</u> | <u>Name of petitioner's</u> <u>attorney/pro se</u> | |
| <u>28</u> | <u>Petitioner's address</u> | |
| <u>29</u> | <u>Husband's Social</u> <u>Security number</u> | |
| <u>30</u> | <u>Wife's Social Security</u> <u>number</u> | |
| | <u>Date couple last resided</u> <u>in same household</u> | <u>Delete</u> |
| | <u>Number of children</u> <u>under 18 whose physical</u> <u>custody was awarded to</u> | <u>Delete</u> |
| | <u>Title of court</u> | <u>Delete</u> |
| | <u>Title of certifying</u> <u>official</u> | <u>Delete</u> |
| | <u>Date signed</u> | <u>Delete</u> |
| | <u>Confidential information</u> | <u>Delete</u> |